Effective October 1, 2003 Output Description Fig. 101-101-101-101-101-101-101-101-101-101												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THE				
TOTAL CLAIMS			10		·			RATE	FEE	1	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA		ВА	SIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/0 mir	nus 20=	. 48		XS 9=			OR	X\$18=	
INDEPENDENT CLAIMS			/ m	inus 3 =	-/-		X43=			OR	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM PI	RESENT		1		+145=		<u> </u>	1	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR OR	TOTAL	THO	
CLAIMS AS AMENDED - PART II								OIAL	L	Jon	OTHER	
	(Column 1) (Column 2) (Column 3)						s	MALL	ENTITY	OR	SMALL	
AMENDMENT A	6/17/4	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	F	RATE TIC			RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	- 2	0	=	>	X\$ 9=		OR.	X\$18=	
	Independent	. 1	Minus	*** 3	3	=	>	(43=		OR	X86=	/
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 	145=		OR	+290=	
							400	TOTAL		00	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								IT. FEE	-		AUDII. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST - BER JUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	×	\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	×	43=		OR	X86=	
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=		OR	+290=	
							L.	TOTAL			TOTAL ADDIT, FEE	•
		(Column 1)		(Calum	· · · · · · · · · · · · · · · · · · ·	(Column 2)	ADD	IT. FEE		1000	ADDIT. FEET	
AMENĎMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMB PREVIO PAID F	ST IER USLY	(Column 3) PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		8	X	9=		OR	X\$18=	165
	Independent	•	Minus	***		=	 					
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>	43=		OR	X86=	
							+1	45=		OR	+290=	·
** }	the "Highest Nur	mn 1 is less than the mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter "20."		TOTAL T. FEE		OR ,	TOTAL ADDIT. FEE	
		mber Previously Pa ber Previously Paid							propriate box	in cot	umn 1.	

Application or Docket Number